TÍTULO

FRONTOTEMPOTAL DEMENTIA AND ALZHEIMER’S DISEASE – THE MAIN DIFFERENCES

MARIANNA GOES MORAES, LUCAS DE OLIVEIRA BERNARDES, GABRIELLA NUNES DA SILVA, SÔNIA REGINA JURADO

UNIVERSIDADE FEDERAL DE MATO GROSSO DO SUL, UFMS, TRÊS LAGOAS, MS, BRASIL

RESUMO

Introduction: The dementia syndromes can be classified roughly into two etiologic categories: degenerative and non-degenerative. The Alzheimer’s dementia (AD) and frontotemporal dementia (FTD) are classified as degenerative diseases. AD and FTD have symptoms in common, but the feature at different stages of each disease, making it difficult to specific clinical diagnoses. Literature review: The FTD is a neuropsychological syndrome characterized by dysfunction of the frontal and temporal lobes, often associated with atrophy of these structures, and relative preservation of brain regions posteriores. AD is the most prevalent dementia, typically a disease of the elderly and, although currently available are specific treatments that can modulate the course of disease and ease the symptoms, there is no cure. Although FTD and AD can only be definitively diagnosed by histopathology, clinical characteristics distinguish the two syndromes during life. The first symptom of AD is memory decline, especially for recent events and spatial disorientation. These symptoms appear insidiously, slowly progressive worsening. Clinically, the symptoms in the early stages of FTD are personality disorders, antisocial behavior and disinhibition. Subsequently, language disorders appear. The memory, calculation and visuospatial orientation begin to deteriorate with the progression of the disease. The changes are insidious onset and worsening of the symptoms over time. Conclusion: Many patients diagnosed with AD actually have clinical neurological other dementias. The definitive diagnosis of AD and any other irreversible degenerative dementia can only be done by histopathological analysis of brain tissue post-mortem.